



Dear Summer Teen Applicant:

Thank you for your recent inquiry regarding our Summer Volunteer Program at Methodist Healthcare. Enclosed please find application and reference forms. We will have positions available at Methodist Healthcare University, North, South, and Germantown. Our age requirements are: 15 years old by June 5, 2009 (OR) 14 years old by June 5, 2009, *if you have a parent/relative working at Methodist Healthcare.*

Please return the application form, **3 references from teachers**, a copy of your birth certificate, immunization records for proof of MMR (measles, mumps, rubella), and Chicken pox. **We are requesting that you write a 200 word essay on why you want to volunteer and what interest you have in the medical field.**

You will be contacted if you are accepted; we will also give you the Safety Instructions Study Guide, please study and be ready for a test on the day of orientation.

A Tuberculosis skin test will be required. When you are accepted you will receive the instructions on where you can get the TB skin test at our Associate Health Nurse's office. It will be different for each of our hospitals. You must mail the completed test results back to us **OR** bring it with you on the day of orientation. **If this form is not received you will not be able to attend orientation or volunteer, NO EXCEPTIONS.**

A mandatory orientation will be held on the following dates.

SESSION 1: June 8-25, Mondays thru Thursdays, NO FRIDAYS, Hours are 8am-2pm per day
Deadline for application is May 15, 2009; **mandatory orientation Friday, June 5, 2009 at 2:30 p.m. -4:30 p.m.**; must have TB results by June 5.

SESSION 2: July 6-23, Mondays thru Thursdays, NO FRIDAYS, Hours are 8am-2pm per day
Deadline for application is June 12, 2009, **mandatory orientation Thursday, July 2, 2009 at 2:30 p.m.-4:30 p.m.**, must have TB results by July 2.

Again, thank you for your interest in our volunteer program. We hope that you will have a positive learning experience while here. Should you have any further questions, please call 516-7481.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnekia".

Johnekia (Neki) Catron
Volunteer Services, Manager



Methodist Healthcare
 Volunteer Service Department
 1265 Union Avenue, Suite E-161
 Memphis, TN 38104
 901.516.7481 (office) 901.516.7387 (fax)

For office use only		
—	Proof of MMR	
—	Proof of Chicken Pox	
—	Birth Certificate	
—	References	
—	Essay	
—	TB	
Accepted	Yes	No

APPLICANT INFORMATION

Application Date: _____

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Telephone: _____ E-mail address: _____

Date of Birth: _____ Last 4 digits of Social Security #: _____

If one parent/relative is employed by Methodist Healthcare, teen must be age 14 by June 5, 2009; all others must be age 15 by same date.

Which hospital does your parent/relative work? _____

Name of parent/relative: _____ work phone # _____

Emergency contact Name and Phone # _____

Physician name and phone # _____

What experience do you have: for example, typing, filing, computer, drafting, etc. _____

What is your area of interest in healthcare and/or hospital setting: _____

Goals for your volunteering experience: _____

Attach to this application proof of your first and second Measles-Mumps-Rubella, and Chicken Pox inoculation. A physician's note on letterhead or form other sources will be adequate. We also need a copy of your birth certificate. If acted to the program, we will provide a mandatory Tuberculosis skin test (no cost to you).

There will be 2 summer sessions:
SESSION 1: June 8-25, Mondays thru Thursday, NO FRIDAYS, Hours are 8 a.m.-2 p.m. per day.
 Deadline for application is May 15, 2009; mandatory orientation June 5; must have TB results by June 5.
SESSION 2: July 6-23, Mondays thru Thursday, NO FRIDAYS, Hours are 8 a.m.-2 p.m. per day.
 Deadline for application is June 12, 2009; mandatory orientation July 2; must have TB results by July 2.

I approve of my son/daughter volunteering his/her time at Methodist LeBonhuer Healthcare and give my permission for him/her to participate in this volunteer program. Three references from the teen's teachers are required and must be completed and returned with this application. You must keep all patient information and hospital business completely confidential at all times. You must adhere to the dress coed; a uniform will be provided for you.

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian Date

 Printed Name of Teen

 Signature of Teen Date

METHODIST HEALTHCARE
VOLUNTEER SERVICES
SUMMER TEEN PROGRAM

Teacher/Counselor Recommendation for Summer Teens

Student Name: _____ Grade Level: _____

School Name: _____

School Address: _____

Methodist Healthcare is seeking students as applications for the Summer Teen Program who are responsible, dependable, caring, and with the ability to provide high-quality service to our patients, guests, and staff.

We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student to be mailed in with their application.

Please circle the appropriate rating:

School Attendance	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Punctuality	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Conduct	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Dependability	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Follows Instructions	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Accepts Responsibility	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Shows Initiative	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>

Scholastic Average () 77-85 () 86-92 () 93-100

Do you recommend this student as an applicant for the Summer Teen Program here at Methodist Healthcare? () Yes () No

Comments: _____

Name/Position: _____

Telephone: _____ Best time to call: _____

Signature

Date

If you should have questions, please contact Volunteer Service Office at 901.516.7181